Personal Trainers Take Note: Screening Standards Have Changed

written by David Herbert | April 3, 2018

Avoiding Liability Bulletin – April 2018

In late 2015, we reminded personal trainers and other fitness professionals of their obligation to screen clients for activity prior to recommending participation in exercise programs. At that time, we stated:

While no clear legal precedent has yet been judicially imposed upon fitness professionals to mandate screening for their clients prior to the commencement of activity programs, the industry seems to have overwhelming adopted some form of pre-activity screening as part of the standard of care owed by fitness professionals to clients.

This industry view on client screening is still in place but it has now been reformulated to an extent to make it a simpler and more streamlined process. Some clients must still be screened before recommending an exercise program but fitness professionals should understand the process.

Recently, the American College of Sports Medicine restated its ACSM's Guidelines for Exercise Testing and Prescription[1] which in essence revamps the screening process for clients intent on becoming more physically active. The new screening recommendations provide that as to those individuals without known cardiovascular, metabolic or renal disease and with no signs, symptoms or indications of such conditions that prior medical evaluation and clearance is not a necessary prerequisite to the commencement of light to moderate intensity exercise activity even if they have not previously participated in a regular program of exercise.[2] As to individuals with known cardiovascular, metabolic or renal disease but who are asymptomatic, the new ACSM Guidelines also provide that medical clearance for participation in moderate intensity exercise programs is also not necessary provided they have previously engaged in regular exercise activity as defined by ACSM.[3] As to individuals who have signs or symptoms suggestive of cardiovascular, metabolic or renal disease, ACSM's recommendation is that they secure medical clearance prior to participation in exercise programs even if they have participated in regular exercise programs before and that they stop exercise until they have secured medical clearance. Lastly, as to individuals who have not participated in a regular exercise program, the ACSM recommendation is for medical clearance first if they have such known specific diseases or signs or symptoms suggestive of such diseases.

The new ACSM statement is designed to remove some of the barriers to exercise by some participants that previously should have secured medical clearance prior to participation in exercise programs. This new standards statement may also make it less burdensome for personal trainers and other fitness professionals in their efforts to secure medical clearance for clients prior to their participation in

exercise activity programs. In fact, the subset of clients who can engage in light to moderate exercise activity under ACSM's statement without medical clearance should be expanded as a result of the statement.

As some commentators have indicated, "exercise preparticipation health screening recommendations should not present unnecessary obstacles that deter people from adopting and maintaining a regular exercise program."[4] The new ACSM standard is designed to remove some such unnecessary obstacles.

Fitness professionals, particularly personal trainers working with new clients, should determine in the screening process if clients do or do not have the specified diseases or specific or observed symptoms or signs suggestive of such diseases and if clients do or do not engage in regular exercise activity prior to participation in a fitness professional recommended activity. For those clients who are covered by the new ACSM recommendations, prior medical clearance may not be required but for those with specific diseases identified in the ACSM Guidelines or with signs or symptoms of such diseases and no history of regular previous exercise activity, prior medical clearance seems to be required under the new standards statement.

As we pointed out two years ago in this column, screening is a duty established by the industry to which professionals can be held accountable. New developments in standards statements issued by prominent exercise groups like the ACSM need to be reviewed, considered and utilized in the screening process so that professionals may comply with what will surely become part of their legal standard of care in the event of client injury and claim/suit. All fitness professionals should become familiar with ACSM's new recommendations and adopt them as they see fit to their client practices. While ACSM's new standard is not the law per se, such a statement will probably be used by experts in evaluating client care provided by fitness professionals. However, when fitness professionals are in doubt or when they wish to utilized a more conservative approach, prior medical clearance will always be a safer risk management technique to help the fitness professional and the client alike in avoiding any untoward event and any subsequent claim and/or suit.

This publication is written and published to provide accurate and authoritative information relevant to the subject matter presented. It is published with the understanding that the author and publisher are not engaged in rendering legal, medical or other professional services by reason of the authorship or publication of this work. If legal, medical or other expert assistance is required, the services of such competent professional persons should be sought. Moreover, in the field of personal fitness training, the services of such competent professionals must be obtained.

Adapted from a Declaration of Principles of the American Bar Association and Committee of Publishers and Associations

---

[1] 10th Edition (2018).

[2] 30 minutes at moderate intensity, 3 days a week for the past 90 days.

[3] Id.

[4] Riebe, et al, “Updating ACSM’s Recommendations for Exercise Preparticipation Health Screening”, Medicine and Screening in Sports & Exercise; November 2015, Volume 47, Issue 11, pages 247-249.